

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042704

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 378

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kirksville</u>		c. CITY OR TOWN <u>Kirksville Mo</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Hein Smith</u>		d. STREET ADDRESS (If outside, give location) <u>405 W Burton</u>	
3. NAME OF DECEASED (Type or print) <u>Annie Myra Craig</u>		4. DATE OF DEATH <u>Nov 21-1963</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>wh</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-13-1898</u>
9. AGE (last birthday) <u>65</u>		10. IF UNDER 1 YEAR Months <u>10</u> Days <u>8</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		12. BIRTHPLACE (City and state or country) <u>Sullivan Co Mo</u>	
13a. FATHER'S NAME <u>James Mc Farland</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Ailer</u>	
14. NAME OF HUSBAND OR WIFE <u>Orangebud Craig</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>[redacted]</u>		17. INFORMANT <u>Orangebud Craig, Kirksville Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> DUE TO (b) <u>Auricular fibrillation</u> DUE TO (c) <u>[redacted]</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> <u>8 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>—</u> a.m. <u>—</u> p.m. <u>—</u> Month, Day, Year <u>—</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Kirksville, Mo.</u>	
21. I attended the deceased from <u>1-13-61</u> to <u>11-21-63</u> and last saw her alive on <u>11-21-63</u> Death occurred at <u>2:25 A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Nelson T. Eppel M.D.</u>	
22b. ADDRESS <u>Kirksville, Mo.</u>		22c. DATE SIGNED <u>11-21-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-24-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cheeseman Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Winigan Mo</u>
24. FUNERAL DIRECTOR <u>Dee Riley Funeral Home, Inc.</u> 415 North Franklin Kirksville, Missouri		25. DATE RECD. BY LOCAL REG. <u>11-23-1963</u>	
26. REGISTRAR'S SIGNATURE <u>Doris W. Ratliff</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

50732 04-11-12

No Permit issued

MILTON J. ENGLISH, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Wm K. Jackson

Licensed Embalmer No.

3954

P. O. Address

Kirksville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.